

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

6/3/10 POC accepted  
B. Cavanaugh HFSTH

PRINTED: 05/17/2010  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  295067	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 05/12/2010
NAME OF PROVIDER OR SUPPLIER  ORMSBY POST ACUTE REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 3050 N ORMSBY CARSON CITY, NV 89703		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS  This Statement of Deficiencies was generated as a result of the investigation of six complaints conducted at your facility on 5/6/09 through 5/12/09, in accordance with 42 CFR Chapter IV Part 483 Requirements for Long Term Care Facilities.  The sample size was 16 residents.  Complaint #NV00025110 was unsubstantiated. Complaint #NV00025140 was substantiated with deficiency cited. (F224) Complaint #NV00025142 was unsubstantiated. Complaint #NV00025259 was unsubstantiated. Complaint #NV00025275 was substantiated with deficiency cited. (F226) Complaint #NV00025280 was unsubstantiated.  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.	F 000	<div style="text-align: right;"> <b>RECEIVED</b>  MAY 28 2010  BUREAU OF LICENSURE AND CERTIFICATION CARSON CITY, NEVADA </div> <p align="center"><b>DISCLAIMER CLAUSE</b></p> <p>PREPARATION AND/OR EXECUTION OF THIS PLAN OF CORRECTION DOES NOT CONSTITUTE THE PROVIDER'S ADMISSION OF OR AGREEMENT WITH THE FACTS ALLEGED OR CONCLUSIONS SET FORTH IN THE STATEMENT OF DEFICIENCIES. THE PLAN OF CORRECTION IS PREPARED AND/OR EXECUTED SOLELY BECAUSE IT IS REQUIRED BY THE PROVISIONS OF FEDERAL AND STATE LAW.</p>		
F 224 SS=G	483.13(c) PROHIBIT MISTREATMENT/NEGLECT/MISAPPROPRIATION  The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.  This REQUIREMENT is not met as evidenced by: Based on record review, interview and policy	F 224			<p><b>F224 Prohibit Mistreatment/Neglect/Misappropriation</b></p> <p>It is the policy of this facility that policies and procedures are implemented to prohibit mistreatment, neglect and abuse of residents and misappropriation of resident property.</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*[Signature]*

EXECUTIVE DIRECTOR 5/25/10

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 224	<p>Continued From page 1</p> <p>review the facility failed to honor a resident request for transport to an acute care facility for a complaint of lower abdominal pain and constipation that resulted in a diagnosis and treatment of a fecal impaction for 1 of 16 residents. (Resident #1)</p> <p>Findings include:</p> <p>Resident #1 was admitted to the facility on 4/1/10 with diagnoses including congestive heart failure, atrial fibrillation, hypertension, Type II diabetes, and renal failure. The resident verbalized on admission that she had a history of constipation.</p> <p>Record review of the medical record for Resident #1 revealed the following:</p> <ol style="list-style-type: none"> <li>1. An order on 4/1/10 for the "House Bowel Program" that included monitor bowel elimination each shift and chart; Milk of Magnesia 30 cc's as needed for constipation; Dulcolax Suppository, one rectally as needed if the Milk of Magnesia is ineffective; and Fleets Enema, one rectally daily as needed if Milk of Magnesia and Dulcolax suppository were ineffective.</li> <li>2. A Bowel and Bladder Evaluation was completed on 4/1/10 for Resident #1. The inability to get to the toilet independently with a "possible action" of establishing a toileting program was documented. The record failed to have evidence of any care plan or actions implemented.</li> <li>3. A Bowel Monitoring flow sheet for Resident #1 for April 2010, revealed that bowel movements or interventions to address constipation were documented as follows: a bowel movement after</li> </ol>	F 224	<p><b>Residents with Potential Risks</b> Resident #1 went to the acute hospital where it was determined that she had a bowel impaction. Residents who reside in this facility have the potential to be harmed by the failure to comply with this policy.</p> <p><b>Corrective Action</b> Licensed staff will be in-serviced on:</p> <ul style="list-style-type: none"> <li>• Abuse policies</li> <li>• Honoring resident rights</li> <li>• Resident assessment</li> <li>• Documentation of Bowel Movements</li> <li>• Care Plans for residents at risk for constipation</li> <li>• Following facility policies and procedures for residents at risk for constipation</li> </ul> <p>Evergreen Care Representative forms will be utilized by department managers weekly to identify any concerns that residents may have and to ensure that resident rights are being honored. Executive Director will attend the monthly Resident Council meeting every month for the next 90 days to assist in educating residents on their rights and to review with residents any concerns regarding their rights.</p>		

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F 224	<p>Continued From page 2</p> <p>having milk of magnesia, dulcolax suppository, and a fleets enema on 4/3/10; an illegible mark made in the night shift bowel elimination column and the fleets enema order was discontinued on 4/5/10; and a bowel movement was documented on 4/10/10.</p> <p>4. A nurse's notes entry in dated 4/4/10 at 7:00 PM, by registered nurse (RN) #1 that read: "...complaining of not being able to have a regular bowel movement, suggested to get medications for constipation from regular doctor..."</p> <p>5. An entry in Resident #1's medical record in the "Interdisciplinary Progress Notes" dated 4/5/10, by the DON read: "...Resident is concerned with her bowels. It is reported that she suffers from severe constipation, and nursing attempts at relief using routine bowel protocol is minimally successful at best. Colace 100 milligrams twice daily was added."</p> <p>6. A nurse's notes entry dated 4/5/10 at 6:30 PM, by licensed practical nurse (LPN) #2 that read: "...states she wants to see the doctor right now, she states she is in pain down in the lower quadrants, nurse encouraged her to take her medications, patient absolutely refuses to take the medication, wants to call an ambulance..." At 8:15 PM the note read "Patient has been sitting quietly up at front desk, no apparent distress, nurse within eye/earshot at all times, she phoned 911 and asked for an ambulance. Dispatched (sic) called to speak with nurse proper information passed about patient's present condition. Ambulance had already been dispatched."</p> <p>Review of the acute care facility Emergency Department treatment summary for Resident #1</p>	F 224	<p>Customer satisfaction surveys will be completed by Social Services prior to discharge to ensure that any resident concerns have been addressed.</p> <p><b>Implemented Measure to ensure Compliance/Monitoring of Compliance</b> Director of Nursing Services or her designee will complete random audits during the next thirty days to ensure compliance. Findings will be reported to the facility Continuous Quality Improvement Committee. Executive Director will report findings of Resident Council meetings, Evergreen Care Representative rounds and Customer Satisfaction Surveys to the facility's Continuous Quality Improvement Committee.</p>		5/31/10

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F 224	<p>Continued From page 3 dated 4/6/10, revealed the following:</p> <p>"Chief complaint: Belly pain Started Saturday (4/3/10), gradual onset, lower quadrant Last bowel movement 4/3/10, since then cannot go. GI assessment: Bloating pain, possible constipation. No nausea, just vomiting... Rectal assessment: Positive fecal impaction..."</p> <p>"Diagnostic Studies: KUB shows fecal impaction..."</p> <p>"Emergency room course: Mineral oil enema, she produced some stool with it, but on exam, still had fecal impaction. With the aid of nursing staff, Emergency Room physician manually disimpacted the patient about 5-6 apple size chunks of dark brown stool were pulled out of the rectum."</p> <p>"Medical Decision Making: The patient's presentation symptoms are consistent of fecal impaction, symptoms resolved after post-manual disimpaction"</p> <p>"Impression: 1. Acute lower quadrant abdominal pain 2. Fecal impaction"</p> <p>"Plan: She is discharged back to the nursing home. Discharge orders have been left on an order sheet. 1. Magnesium citrate 1 bottle once a day for 3 days as needed for constipation 2. Fleet enema twice a day as needed for constipation</p>	F 224			

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F 224	<p>Continued From page 4</p> <p>3. Continue the Colace twice a day</p> <p>4. Repeat the basic electrolyte panel on 4/6/10 to document that the potassium is not high enough to require dialysis</p> <p>5. Otherwise, continue her current medications. Return instructions are given verbally and on discharge sheet."</p> <p>Review of the facility medical record failed to reveal evidence that the above discharge orders had been noted or carried out. The facility medical record had no documentation of when or how the resident had returned to the facility.</p> <p>The minimum data set (MDS) nurse was interviewed on 5/7/10 at 1:20 PM, and reported that the Resident #1 should have had a care plan for bowel elimination and that she did not have an answer as to why the resident had no care plan in the medical record.</p> <p>RN #1 was interviewed on 5/12/10 at 11:00 AM, and reported that constipation had been an ongoing problem for Resident #1, but that she did not think that it was an acute issue for the patient at that time. She reported that she did not recall if she had fully assessed the patient at the time of the complaint, but did recall listening to her bowel tones and that they were hyperactive at that time. She did not call the physician.</p> <p>LPN #2 was interviewed on 5/12/10 at 2:00 PM, and reported that she did recall Resident #1 on 4/6/10 and that she had called 911. She reported that the resident was being very forceful and demanding to go to the hospital. LPN #2 reported that she had assessed the resident but did not recall if she had done "a complete assessment" of the resident. She recalled that the resident had</p>	F 224			

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F 224	<p>Continued From page 5</p> <p>been sitting quietly prior to calling 911 herself from the nurses station. She reported that the resident had no apparent signs or symptoms of distress. She reported that the resident had not been crying, doubled up in pain, or showing any other signs of discomfort other than verbalization of abdominal pain and wanting to go to the hospital. She reported that she felt that the resident "had just been acting out the way a confused person often does, saying get me out of here, I want to leave." When asked if she ever recalled any indication that the resident had been confused or in an altered state, LPN #2 reported "no, she seemed very articulate, and had an extensive vocabulary that led me to believe that she was an intelligent and oriented woman." LPN #1 further reported that she was so convinced that the resident had no acute medical problems, that she "made the resident sign a waiver, as if she were going out on pass" because she felt that the resident "needed to be held accountable for choosing to go to the hospital for no good reason." She further reported that she told the resident that she would have to find her own way back to the facility and that the facility staff would not be responsible for ensuring that she was returned to the facility. When asked if she could recall how the resident was returned to the facility she reported that she could not recall.</p> <p>Review of the facility's Core Systems Manual" revealed a policy#: CSM (B&amp;B) 005, Revision date: 4/8/2002, Management Committee Approval Date: April 8, 2002, that read: Subject: Fecal Impaction Policy Statement: Resident will not develop impactions Procedure: 1. Residents are assessed at admission and</p>			F 224			

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F 224	<p>Continued From page 6</p> <p>quarterly thereafter for fecal impaction utilizing the Minimum Data Set Assessment.</p> <p>2. Each resident is placed on a daily bowel monitoring program.</p> <p>3. For residents at risk for constipation/fecal impaction, implement the following care plan interventions as appropriate (The impaction Risk Assessment may be used as a guide for further assessment):</p> <ul style="list-style-type: none"> <li>-Initiate hydration program</li> <li>-Increase fiber in diet</li> <li>-Increase exercise and physical activity</li> <li>-Initiate a toileting/retraining program</li> <li>-Administer stool softener per physicians's order</li> </ul> <p>4. The licensed nurse reviews the bowel monitors daily</p> <p>5. If a resident does not have a bowel movement for 3 days, or has a sequence of 3 small bowel movements in 5 days, administer Milk of Magnesia per physician order on day 3.</p> <p>6. If Milk of Magnesia offers no results, administer a stimulant laxative suppository (Bisacodyl, etc.) per physician order on day 4.</p> <p>7. If resident continues to have no results, administer an enema on day 5.</p> <p>Review of the facility's Abuse Prohibition Policy revealed the following: Prohibition EHC-APM 1.01, Effective 2/02, Last revised: 2/07, read: Subject: Abuse, Neglect, Misappropriation of Resident Property Prohibition</p> <p>Policy Statement: Each resident has the right to be free from mistreatment, neglect, abuse, involuntary seclusion and misappropriation of property. The facility should implement policies and procedures so that residents are not subjected to abuse by</p>	F 224			

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F 224	Continued From page 7 staff, other residents, volunteers, consultants, family members and others who may have unsupervised access to residents.	F 224			
F 226 SS=E	<p><b>Definitions:</b> Neglect means failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness. 483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and employee file review the facility failed to follow the policy and procedure to screen employees to prevent employment of a nurse that had been convicted of crimes that precluded employment in a skilled nursing facility for one employee (Employee #1).</p> <p>Findings include:</p> <p>Review of Employee #1's employee file revealed that she was hired on 4/7/10, but did not meet the requirements for employment in a skilled nursing facility. Employee #1 had a prior conviction for narcotic possession including theft of and ingestion of a patient's medication that she cared for as a registered nurse in another state.</p> <p>The director of nurses (DON) was interviewed on 5/11/10 at 11:30 AM, and reported that she brought Employee #1 here "to clean up medical</p>	F 226	<p><b>F226 Develop/Implement Abuse/ Neglect, Etc. Policies</b> It is the policy of this facility that policies are implemented that prohibit mistreatment, neglect and abuse of residents and misappropriation of resident property.</p> <p><b>Residents with Potential Risks</b> No residents were harmed by the failure to comply with this policy. Residents residing in the facility have the potential to be harmed by failure to comply with this policy.</p> <p><b>Corrective Action</b> Employee #1 has been terminated. Staff with responsibility for hiring personnel will be in-serviced on Nevada regulations that prohibit employment in Skilled Nursing Facilities. The Executive Director or his designee will conduct an audit to ensure that no other employees are prohibited from employment per Nevada regulations.</p>		

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F 226	<p>Continued From page 8</p> <p>records" after an employee had to be terminated for very poor performance with the upkeep of medical records. The DON reported that Employee #1 was a friend of hers and currently a roommate. When asked if she was aware of Employee #1's past criminal convictions she reported "yes."</p> <p>The Administrator was interviewed on 5/11/10 at 11:30 AM, and reported that he believed Employee #1's convictions did not preclude her from employment because they actually took place more than seven years ago. The two listed convictions in the employee file were in 2006 and 2008. He further reported that she was not hired as a nurse and he was aware that she had prior convictions related to narcotics possession, but that she was in no way to work in the capacity of a nurse, as she had surrendered her license in another state.</p> <p>Review of the Employee #1's file revealed that her initial "Personnel Action Form" (PAF) listed her as a "special projects nurse," and the distribution coding for her salary was under nursing. The PAF was signed by both the Administrator and the DON.</p> <p>Review of the "Employee List as of 5/11/10" provided by the facility Administrator revealed that Employee #1 was listed as a Registered Nurse, Resident Care Manager.</p> <p>Review of the facility's Abuse Prohibition Policy revealed the following: Prohibition EHC-APM 1.01, Effective 2/02, Last revised: 2/07, read: Subject: Abuse, Neglect, Misappropriation of Resident Property Prohibition</p>	F 226	<p><b>Implemented Measure to ensure Compliance/Monitoring of Compliance</b></p> <p>The Executive Director or his designee will conduct random audits of new hires for the next thirty days to ensure compliance and will report findings to the facility Continuous Quality Improvement Committee.</p>	5/31/10	

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